Chapter 13 – Abbreviated Uniform Assessment Instrument (UAI) Form

Table of Contents

Important	The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status.
	The information that is required due to policy may be different from those that are system required.

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Person Administration Requirements

Introduction   According to each form, certain fields are required within the Person Administration.

Required Fields for Approved Form Status   Personal Details Page:

Customer *Legal Name* (First and Last Names)
Date of Birth
Gender
Marital Status
Veteran/Spouse of Veteran
Ethnic Background

Address Details Page:

Needs to have the Address Type of *Residence*
Street
City
County - If out of state - use County "ZZ"
State - If out of country - use State "ZZ"
Zip
Residence - Rural or Urban

Saving Form   **Each navigational tab (page) must be saved before advancing to the next tab.** Once the save is successful the page will automatically forward to the next navigational level tab.

Customer Primary Navigation Tab

Requirement	Add or update all customer and associate information before you begin.

Form Reference	Page 1 of the Abbreviated Uniform Assessment Instrument (UAI) form

Main Secondary Navigation Tab

Required Fields	All fields displayed on this page are required.

Note	The form status will automatically be placed in Work in Progress status which will be uneditable until the form is saved. Once the form data entry is completed, then switch the Form Status field will be active.

Selecting an Assessor	To select an assessor, type in the full or partial name and press enter. A search will be performed and a listing will be displayed. Click on the appropriate Assessors Name to select.

Customer Primary Navigation Tab, Continued

Demographic Secondary Navigation Tab

KAMIS ID: **50000176**   Name: **JETSON, GEORGE**   PSA: **7**   Assessment Nbr:

Abbreviated UAI - Nutrition Assessment   Unmet Needs

| Customer | Functional | Nutrition | Service Plan | Release | Print View |

| Main | Demographics |

Income below poverty level? [▼]

Does customer live alone? [▼]

Does the customer have difficulty:

Communicating [▼]

Understanding Information [▼]

Remembering Information [▼]

SSN 963-25-8741

(Save)

Indicates required for Approval

Required Fields   *Income below poverty level?*

Does customer live alone?

Continued on next page

Functional Primary Navigation Tab

Form Reference Page 1 of the Abbreviated Uniform Assessment Instrument (UAI) form

ADL Secondary Navigation Tab

Required Fields All fields displayed on this page are required.

Functional Primary Navigation Tab, Continued

IADL Secondary Navigation Tab

Required Fields   All fields displayed on this page are required.

Functional Primary Navigation Tab, Continued

Risks Secondary Navigation Tab

Required Fields   All fields displayed on this page are required.

Nutrition Primary Navigation Tab

Form Reference	Page 2 of the Abbreviated Uniform Assessment Instrument (UAI) form

Nutrition Risks Secondary Navigation Tab

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr:

Abbreviated UAI - Nutrition Assessment   Unmet Needs

Customer | Functional | **Nutrition** | Service Plan | Release | Print View

Risks | Eating Problems | Eating Patterns

Ask the Customer the following questions

Do you eat daily?	Yes/No		Comments	Score
less than 2 meals?				3
less than 2 servings of fruits and vegetables?				1
less than 2 servings of dairy products?				1
less than 6 glasses of liquids?		# of glasses		0
3 or more alcoholic beverages?				2
3 or more medications?				1
Dental problems make it difficult to eat?		Which?		2
Eating habits changed due to illness?		What?		2
Physically unable to shop, cook eat?		Which?		2
Eat alone most of the time?				1
Do not have enough money to buy food?				4
Gained/lost more than 10 pounds in 6 months?		Gained/Lost		2

Gained Lost
0   0

Total Nutrition Risks Score 0

Save

Required Fields	If any option is answered "Yes" then *Comments* field is required.

Hint	Select just the "Yes" on the appropriate questions. Other fields can be left blank. Blank will default to "No" in the database. However, "No" will not be displayed on the form.

Nutrition Primary Navigation Tab, Continued

Eating Problems Secondary Navigation Tab

Required Fields   No fields displayed on this page are required.

However, if "Food Allergies" is selected then a comment in *Specify* is required.

Nutrition Primary Navigation Tab, Continued

Eating Patterns Secondary Navigation Tab

KAMIS ID: **50000176**   Name: **JETSON, GEORGE**   PSA: **7**   Assessment Nbr:

Abbreviated UAI - Nutrition Assessment   Unmet Needs

| Customer | Functional | **Nutrition** | Service Plan | Release | Print View |

| Risks | Eating Problems | **Eating Patterns** |

How often do you:	No	Yes	How Often?
Skips meals and just snacks, "piece", through the day?	○	○	
Lack the energy or desire to fix a meal?	○	○	
Find you don't know what to fix or can't fix small portions?	○	○	
Forget to turn the stove off or burn food?	○	○	
Lack the desire to eat or fix a meal?	○	○	
Eat restaurant or fast food?	○	○	
Leave home?	○	○	

if not, why?

0 of 2000

What do you eat in a typical day?

0 of 2000

Comments

0 of 2000

(Save)

Required Fields   No fields displayed on this page are required.

However, if "Yes" is selected then a comment in *How Often?* is required.

Service Plan Primary Navigation Tab

Form Reference

Page 3 of the Abbreviated Uniform Assessment Instrument (UAI) form

Help Prepare Food Secondary Navigation Tab

Required Fields *Does anyone help you prepare food or bring food to you?*

Who?
What?
When?   Required if the answer is "yes". Minimum of one line.

Service Plan Primary Navigation Tab, Continued

Modified Diet Secondary Navigation Tab

KAMIS ID: **50000176**   Name: **JETSON, GEORGE**   PSA: **7**   Assessment Nbr:

Abbreviated UAI - Nutrition Assessment   <u>Unmet Needs</u>

| Customer | Functional | Nutrition | **Service Plan** | Release | Print View |

| Help Prepare Food | **Modified Diet** | Homebound |

Ask the Customer the following questions

Are your following any modified diet(s)? [▼]   Are any of the diets doctor prescribed? [▼]

Check each modified diet followed: **Check if doctor prescribed**   **and indicate the name of the doctor**

Low sodium (salt) ☐	☐	[ ]
Diabetic ☐	☐	[ ]
Mechanical ☐	☐	[ ]
Renal ☐	☐	[ ]
Diverticulitis ☐	☐	[ ]
Vegetarian ☐	☐	[ ]
Pureed ☐	☐	[ ]
Ethnic/Religious ☐	☐	[ ]
Other ☐	☐	[ ]

(Save)

Required Fields   If completed:

Are you following any modified diet(s)?
> If the answer is "yes" then at least one selection in the first column is required for each modified diet followed.

Are any of the modified diets doctor prescribed?
> If the answer is "yes" then at least one selection in the second column is required for doctor prescribed modified diets.

> If the above is answered "yes" the *Indicate the Name of the Doctor* field is required.

Homebound Secondary Navigation Tab

KAMIS ID: **50000176**   Name: **JETSON, GEORGE**   PSA: **7**   Assessment Nbr:

Abbreviated UAI - Nutrition Assessment   Unmet Needs

Customer | Functional | Nutrition | **Service Plan** | Release | Print View

Help Prepare Food | Modified Diet | **Homebound**

Ask the Customer the following questions

⚑**Is the Customer:**

Physically Homebound [▾]

Socially Homebound [▾]

Isolated [▾]

⚑**Participant Status**

○ 60+ ELIGIBLE PERSON
○ SPOUSE, REGARDLESS OF AGE, OF 60+ ELIGIBLE PERSON
○ DISABLED PERSON, REGARDLESS OF AGE, RESIDING WITH 60 ELIGIBLE PERSON
○ 60+ NON-SPOUSE CARETAKER (IIIB HOME-DELIVERED MEALS ONLY)
○ NOT APPLICABLE

Do you recommend a referral to the Area Agency for in-home service?

○ No ○ Customer Refuses ○ Yes

Date of Referral (mm/dd/yyyy) [   ] 🔳

(Save)

⚑ Indicates required for Approval

Required Fields   All fields displayed on this page are required.

Support Services Primary Navigation Tab

Form Reference   Lower portion of Page 3 of the Abbreviated Uniform Assessment Instrument (UAI) form.

Support Services Card

Required Fields   All fields displayed on this page are required.

Plan of Care / Unmet Needs   For Plan of Care and Unmet Needs entry, the individual chapters for detailed instructions.

Print View

Form Reference   This tab will give the opportunity to print the assessment information in its entirety. The format will not be in the same arrangement as the form, but it will be divided into sections of information according to the paper form. This will open in a separate window from the assessment.

Print View

The grayed background area indicates the information is from Person Administration

When printing the pages will separate as indicated.
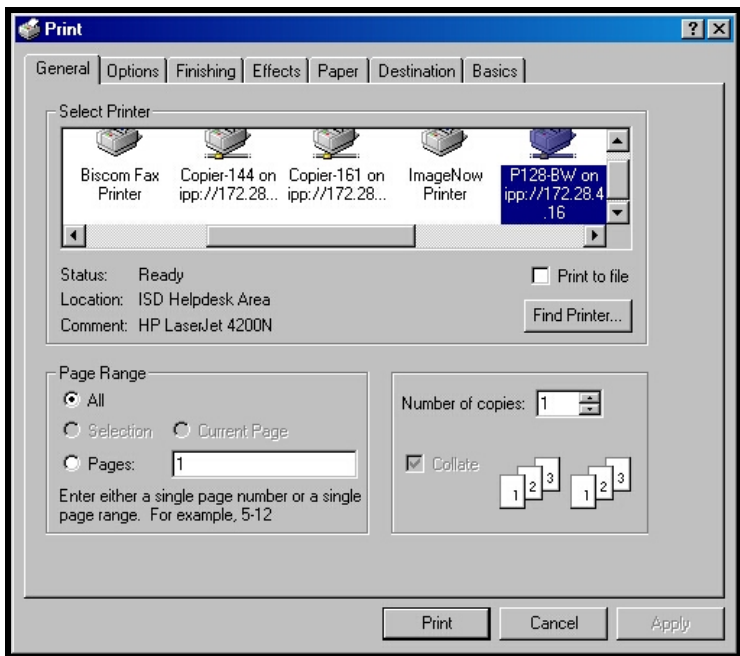
Print View, Continued

To Print   Follow the steps in the table below to complete the Customer Referral process.

Step	Action	Result
1.	Click on the **printer icon** at the top right of any region.	Printer dialog box will display. (This may look different depending upon your printer and the options available.)

| 2. | Select the **Page Range** | See table below for options. |

Option	Result
All	All pages will print
Pages (enter the page number)	Only the specified page will print.

| 3. | Click on **Print**. | Document will print. |

To Close   The window can be closed by clicking on the ☒ in the right upper corner.